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January 30, 2017

Andrew M. Carlson (612) 977-8242 acarlson@briggs.com

Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 445 12th St. SW Washington, DC 20554

Re: FCC Form 555 Annual Lifeline Report and Certification

WC Docket 14-171

State of North Dakota, SAC 389010

Dear Ms. Dortch:

Please find enclosed for filing in the above docket, pursuant to 47 C.F.R. § 54.416(b), the Annual Lifeline Eligible Telecommunications Carrier Certification Form (FCC Form 555) for North Dakota 5 - Kidder Limited Partnership, SAC 389010 (North Dakota), as e-filed with the Universal Service Administrative Company. If you have any questions, please contact me.

Sincerely,

/s/ Andrew M. Carlson

Andrew M. Carlson

AMC/sjc Enclosure

cc: Linda Stevens - Verizon Wireless

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

389010		143000730	
Study Area Code (SAC (An Eligible Telecommunication)		Service Provider Identification Number (SPIN) ertification form for each SAC through which it provides Lifeline service)	
2016	ND	Verizon Wireless	
Recertification Year State		ETC Name	
Verizon Wireless, Verizon, Verizon Busines		Verizon Communications Inc	
DBA, Marketing, or Ot (If same as ETC name, list "No	her Branding Name A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)	
es the reporting comp	any have affiliated ETCs?	Yes No No	
		, using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indire	
rmined in accordance with S	, , ,	wnership or control with, another person." 47 U.S.C. § 153(2). See also 4	
rmined in accordance with s s or controls, is owned or co	, , ,	wnership or control with, another person." 47 U.S.C. § 153(2). See also 4 Affiliated ETC's Name	

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate bylaws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Section 1: Initial Certification *All ETCs must complete this section*

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial	RM

Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
1	0	0	0	1

Recertification Results:

F	G	$\mathbf{H} = (\mathbf{F} \cdot \mathbf{G})$	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
1	1	0	0	0

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
0	0

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial RM

AND/OR

B)	I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:		
	(List database or name of administrator here) Results		
	are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am		
	authorized to make this certification for the SAC listed above.		
	Initial ———		

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

OR

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Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
1	0	0.0%

Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes O

No 👩

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,
Certified Online
Signature of Officer
robert.mutzenback@verizon.com
Email Address of Officer
Linda Stevens
Person Completing This Certification Form

Robert Mutzenback, Assistant Secretary

Printed Name and Title of Officer
01/27/2017

Date
423-202-9771

Contact Phone Number

Affiliated ETCs

SAC	Name
359070	Iowa 7 partnership
359070	Iowa 8 Monona Limited Partnership
389006	North Central RSA 2 of North Dakota
389007	North Dakota 1 - Northwest Dakota LP
389008	North Dakota RSA 3
389009	North Dakota 4 Badlands
389010	Verizon Wireless
159014	St. lawrence Seaway RSA Cellular Partnership
159015	New York RSA 2 Cellular
339023	Alltel Communications
115112	Verizon Massachusetts
585114	Verizon Massachusetts
155130	Verizon New York Inc.
165120	Verizon New Jersey Inc
175000	Verizon Pennsylvania LLC.
170169	Verizon North LLC
170170	Verizon North LLC
170201	Verizon North LLC
185030	Verizon Marvland Inc.
195040	Verizon Virginia LLC
565010	Verizon Delaware LLC
575020	Verizon Washington DC Inc.
190233	Verizon South Inc
190479	Verizon South Inc
449007	MCI Communications Corp